ZII SOUTH CURITS STREET			
LAKE GENEVA 53147 Phone: (262) 248-3145		Ownershi p:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	57	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	60	Title 19 (Medicaid) Certified?	Yes

Number of Residents on 12/31/01:	v.			y Census:	53	 	****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups 	%	Less Than 1 Year 1 - 4 Years	43. 6 38. 2
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org. /Psy)	0. 0 27. 3	Under 65 65 - 74	1. 8 9. 1	More Than 4 Years	18. 2
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	0. 0 0. 0	75 - 84 85 - 94	27. 3 47. 3	' **********	100. 0 ******
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi plegi c Cancer	0. 0 0. 0	95 & 0ver	14. 5	Full-Time Equivale Nursing Staff per 100 R	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	3. 6 18. 2	 65 & 0ver	100. 0 98. 2	(12/31/01)	
Transportation	No	Cerebrovascul ar	14. 5			RNs	13. 0
Referral Service Other Services	No Yes	Di abetes Respi ratory	1. 8 10. 9	Sex 	% 	LPNs Nursing Assistants,	10. 3
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	23. 6	Male Female	16. 4 83. 6	Aides, & Orderlies	34. 7
Provi de Day Programming for Devel opmentally Disabled	No		100. 0		100. 0		
************	****	, ************	*****	, *******	*******	*********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	:		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0
Skilled Care	6	100.0	322	30	100.0	110	0	0.0	0	19	100.0	133	0	0.0	0	0	0.0	0	55	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	6	100.0		30	100.0		0	0.0		19	100.0		0	0.0		0	0.0		55	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti or	ıs, Servi ce	s, and Activities as of 12	/31/01
Deaths During Reporting Period							
					leedi ng		Total
Percent Admissions from:		Activities of	%		stance of	<i>J</i>	Number of
Private Home/No Home Health	3. 6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 9	Bathi ng	12. 7		72. 7	14. 5	55
Other Nursing Homes	4. 5	Dressi ng	16. 4		69. 1	14. 5	55
Acute Care Hospitals	90. 9	Transferring	30. 9		54. 5	14. 5	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	25. 5		60. 0	14. 5	55
Rehabilitation Hospitals	0.0	Eati ng	70. 9		20. 0	9. 1	55
Other Locations	0.0	*************	*******	*******	*******	**********	******
Total Number of Admissions	110	Conti nence		% S	pecial Tre	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	3. 6	Recei vi ng	Respiratory Care	10. 9
Private Home/No Home Health	22.7	Occ/Freq. Incontinent	t of Bladder	30. 9	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	20. 9	Occ/Freq. Incontinent	t of Bowel	23. 6	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	1.8	_			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	25. 5	Mobility			Recei vi ng	Tube Feedi ng	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	1. 8	Recei vi ng	Mechanically Altered Diets	23. 6
Reĥabilitation Hospitals	0.0	İ			Ö	· ·	
Other Locations	3. 6	Skin Care		0	ther Resid	ent Characteristics	
Deaths	25. 5	With Pressure Sores		3. 6	Have Adva	nce Directives	87. 3
Total Number of Discharges		With Rashes		0. 0 N	Ædi cati ons		
(Including Deaths)	110	İ			Recei vi ng	Psychoactive Drugs	60. 0
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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 89. 1 92. 7 0.96 86. 4 1.03 85.8 1.04 84.6 1.05 Current Residents from In-County 78. 2 74. 5 1.05 69. 6 1. 12 69. 4 1. 13 77. 0 1. 02 Admissions from In-County, Still Residing 19. 1 27.9 0.68 19. 9 0.96 23. 1 0.82 20.8 0.92 Admissions/Average Daily Census 207.5 95. 2 2.18 133. 4 1. 56 105. 6 1.96 128. 9 1.61 Discharges/Average Daily Census 207.5 95. 2 2.18 132. 0 1. 57 105. 9 1.96 130. 0 1. 60 Discharges To Private Residence/Average Daily Census 90.6 31.4 2.88 49.7 1.82 38. 5 2.35 52. 8 1. 72 Residents Receiving Skilled Care 100 91.4 1.09 90.0 1.11 89. 9 1. 11 85. 3 1. 17 1.04 Residents Aged 65 and Older 98. 2 97. 3 1.01 94. 7 93. 3 87. 5 1. 12 1.05 Title 19 (Medicaid) Funded Residents 54. 5 64. 2 0.85 68. 8 0.79 69.9 0.78 68. 7 0.79 Private Pay Funded Residents 34. 5 29.6 22.2 22. 0 1. 57 1. 17 23. 6 1.46 1. 55 0.0 0. 7 0.00 1.0 0.00 0.8 7. 6 0.00 Developmentally Disabled Residents 0.00 Mentally Ill Residents 27.3 36. 0 0.76 36. 3 0.75 38. 5 0.71 33. 8 0.81 General Medical Service Residents 23. 6 21.3 21. 1 1. 12 21. 2 1. 11 19. 4 1. 22 1. 11 49.3 Impaired ADL (Mean) 41.5 49.0 0.85 47. 1 0.88 46. 4 0.89 0.84 Psychological Problems 60.0 50. 2 1.19 49. 5 1. 21 52.6 1. 14 51. 9 1. 16 Nursing Care Required (Mean) 4.8 7.4 7. 5 0.64 6. 7 0. 71 0.64 7. 3 0. 65